



Date of Application: \_\_\_\_\_

**FORM NNEZ-3 (Enterprise Zone #3-A)**  
**APPLICATION FOR RECERTIFICATION**  
**BUSINESS LICENSE FEE ABATEMENT AND LOCAL UTILITY TAXES REFUND**

**I. Business Information**

Business License Account # \_\_\_\_\_ and/or Federal Employer ID # \_\_\_\_\_

Name and Physical Address of Firm *as Printed on Business License:*


Name and Physical Address of Firm as *Printed on Utility Bills:*


Mailing Address:

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Contact Information:

Name of Authorized Representative for Firm:
Phone:
Fax:
Email:

Give any changes of address for your Enterprise Zone establishments since the filing of Form NNEZ-1 or the last Form NNEZ-3. Include any new establishments as a new address.

Old Address(es)	New Address(es)

**II. Eligibility Information**

Job Creation:

Average Number of Full-Time Employees during past Twelve Months:	
Average Salary (and/or annualized hourly wage) of New Full-time Employees in Positions Created after Firm's Base Year (See original application for Base Year):	

## Taxable Investment:

Has any taxable investment listed on Form NNEZ-1 or the last Form NNEZ-3 been sold, destroyed or moved outside the Zone? If Yes, list below the description, address, value, and date of occurrence of taxable investments which have been sold, destroyed or moved and of any taxable investment made since the filing of Form NNEZ-1 or the last Form NNEZ-3.	Yes _____ No _____
Taxable Investment-Sold, Destroyed or Moved	New Taxable Investment
Description:	Description:
Address:	Address:
Value: \$	Value: \$
Date of Occurrence:	Date of Occurrence:
Description:	Description:
Address:	Address:
Value: \$	Value: \$
Date of Occurrence:	Date of Occurrence:

**I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PRESENTED ABOVE IS CORRECT. I UNDERSTAND THAT IF DETERMINED ELIGIBLE, I MUST SUBMIT A RECERTIFICATION FORM NNEZ-3 EACH YEAR TO CONTINUE RECEIVING THE BENEFIT.**

\_\_\_\_\_  
Independent Certified Public Accountant      OR

\_\_\_\_\_  
Firm's Authorized Representative

- ☐ I will make available for review by the Department of Development all of the records relevant to information required by this form, as an alternative to independent CPA review.